



Express Mail Mailing Label No. EV928084172US

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number INL-059															
In re Application of Shin et al.																	
Application Serial No. 10/625,984																	
Filed: July 24, 2003																	
Group Art Unit: 1753		Examiner: Noguerola, A.S.															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half.</td><td>\$ ()</td></tr><tr><td>EXTENSION FEE DUE</td><td>\$ 120.00</td></tr></table>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	<input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half.	\$ ()	EXTENSION FEE DUE	\$ 120.00
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<p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 50-1721. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1721.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p>																	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK															
Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Preston Gates Ellis LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175		Respectfully submitted, Ronda P. Moore Atty/Agent for Applicant(s) Kirkpatrick & Lockhart Preston Gates Ellis LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 Date: January 25, 2007 Reg. No. 44,244 Tel. No.: (617) 261-3167 Fax No.: (617) 261-3175															

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METHOD OF PAYMENT		FEE CALCULATION (continued)																																						
		3. ADDITIONAL FEES																																						
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																								
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																								
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